Reaching Very Young Adolescents (VYAs): Advancing Program, Research and Evaluation Practices

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The Institute for Reproductive Health (IRH) is part of the Georgetown University Medical Center, an internationally recognized academic medical center with a three-part mission of research, teaching and patient care. IRH is a leading research institution committed to developing and increasing the availability of effective, easy-to-use, fertility awareness-based methods (FAM) of family planning.

IRH was awarded the Fertility Awareness-Based Methods (FAM) Project by the United States Agency for International Development (USAID) in September 2007. This 5-year project aims to increase access to and use of FAM within a broad range of service delivery programs, using a systems approach to scaling up successful programs.

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A report based on a meeting held June 10-11th, 2010, in Washington, DC

Introduction: Meeting Objectives & Guiding Questions

Why organize a technical consultation on very young adolescents?

Curriculum-based approaches use written, strategically designed and sequenced lesson plans featuring instruction, materials and learning activities. Curriculum-based approaches are widely used by a variety of organizations worldwide to reach youth both within and outside of school. Because such programs provide standardized content and approaches, curriculum-based programs have a stronger potential for scale up than less structured programs. While there has been a small base of people and organizations committed to the expansion of SRH-related programs for VYAs, the last international meeting on the topic was held in the early 2000s. Since that time, a growing number of organizations have started working with VYAs. Focus is starting to shift towards working with girls and boys to transform gender-related attitudes and behaviors in order to establish sound foundations for their future lives. Since the last meeting, several important guidance documents have been published on developing curriculum-based programs for 9-14 year olds, including the 2009 UNESCO technical guidance on sexuality education in schools and several meta-analyses of adolescent HIV prevention programs. These evidence-based guidance documents indicate what is working programmatically to establish foundations of knowledge, agency and social or gendered understandings of puberty. In turn, such foundations can lead to improved health and well-being and to reduced risks to sexual and reproductive health. While the evidence and program base is growing, many in our international health community may not be aware of these recent developments. Building on past meetings, the 2010 technical consultation provided an opportunity to advance much-needed programs working with this developmentally-pivotal yet often neglected age group.

The technical consultation brought together program practitioners, academics, donors, researchers and evaluators to:

➢ Share and analyze evolving and promising practices for developing, implementing and taking to scale developmentally-appropriate, curriculum-based interventions and programs for VYAs;

➢ Review indicators and methods currently used to evaluate curriculum-based programs for VYAs; and

➢ Define key next steps for increasing evidence of success and promoting scale-up of VYA programs that make a difference in young people's lives.

Thirty participants met over two days in Washington DC, representing NGOs, UN agencies, universities, research organizations, consultants and private and government donor agencies.

Five key questions guided discussions about curriculum-based programs for VYAs:

1. What examples do we have of curriculum-based programs for VYAs that address not only reproductive health and HIV but also gender and sexuality? What evidence do we have regarding their effectiveness? How have these programs been monitored and evaluated?
2. Compared to the recent UNESCO guidelines on holistic sexuality education, what are the gaps in current VYA programs that have curriculum-based components?
3. What are the challenges of designing, implementing and scaling up effective programs? What are potential strategies to address these challenges?
4. What examples exist of complementary interventions to create enabling environments, such as reaching parents and other important adults that foster adult-VYA communication and support for VYAs?
5. What indicators and evaluation methodologies can be used to capture difficult-to-measure outcomes such as improved gender and sexuality awareness and attitudes, increased agency (self-efficacy) among girls and boys?

At the end of the meeting, the participants generated a short list of next steps for the meeting host, IRH/Georgetown University, to coordinate:

- Create a sub-group of the USAID Inter-Agency Youth Working Group (IAYWG) to work with VYAs. The aims of this subgroup are to continue the discussions of VYA program issues and to develop a scope of work to advance development of tools and guidelines.

- Develop a summary of the technical consultation that can be shared at the planned World Health Organization (WHO) meeting in November 2010 and other upcoming events. The document should include the possibility of proposing research-to-practice ideas to donors, as well as a program agenda and indicators for VYA interventions.

- Develop an informational brief on key issues identified during the meeting and recommendations for moving the VYA agenda forward.

- Develop a two-page concept paper making the case for investing in VYAs for a high-level audience, including donors and multi-lateral stakeholders. This paper should cover the purpose of the meeting, gaps identified and key findings. It could also be used by donors to solicit proposals for future research and programs or as the basis for an unsolicited proposal interested organizations could submit to donors.

1. Setting the Stage

A. Contextualizing the world of very young adolescents

Setting the stage for discussion of VYA programs first involves establishing a common understanding of the enormous biological, cognitive, sexual, emotional and social changes that occur within the 10-14 age group of VYAs. These changes are even greater than for the 14-19 year old age group. (See Table 1, below.) For example, pre-adolescents (9-12 year old girls and 10-13 year old boys) experience growth spurts and develop secondary sexual characteristics such as breast budding in girls and voice changes in boys. They develop a greater awareness of their social sphere, increase their ability to think logically and concretely, feel greater self-consciousness, and start to become aware of gender roles. Changes continue during early adolescence (12-14 year old girls and 13-15 year old boys). Girls and boys experience their first signs of fertility in the form of menstruation and ejaculation. They begin to develop the ability to think more abstractly. They become less dependent on parents and more dependent on friends. At this stage, young people begin to experience sexual arousal, although boys are more focused on genitals and girls more focused on romance. While pre-adolescents begin to develop a set of best friends and start to feel peer pressures to conform, early adolescence is the peak time when peer pressure rules, and girls and boys spend more time with friends.

For boys, overall maturation and initiation of puberty is about one to two years later than for girls, and therefore they are always catching up to girls biologically, cognitively and emotionally. Regardless, both groups may be unprepared for the changes they experience during puberty. While girls have the "experience" of getting their first periods and discussing this event with others, boys do not necessarily have social spaces to share similar experiences. Of note, there is a dearth of studies looking at menarche (first menstruation) and even fewer on semenarche (first ejaculation).

The Pan-American Health Organization (PAHO) has categorized adolescence into different age groups, which can be adapted depending on the region of the world, recognizing that boys on average develop later than girls (Table 1).

Pubertal changes have profound social significance for adolescents as well as for adults and the larger community. As noted earlier, gender role awareness begins during pre-adolescence and will solidify during early adolescence. With the onset of puberty, societal expectations change. Girls and boys take on new and differing family responsibilities. Boys engage in sports far more than girls. Community norms for adolescents—such as the age for marriage and education pathways—create tensions for all.

Table 1. Biological and cognitive characteristics by stages of adolescence

Biological and cognitive characteristics by stages of adolescence	
Preadolescence* **Girls: 9-12** **Boys: 10-13**	• Growth spurts, sensation-seeking, engagement in logical thinking • Increased craving for information • Underdeveloped prefrontal lobe, where superego is located and controls the executive functions of managing oneself, planning ahead and impulses
Early adolescence **Girls: 12-14** **Boys: 13-15**	• Marked increase in sensation-seeking, especially among boys • Changes in biological and cognitive characteristics (more rapid for girls compared to boys) • Growing capacity for empathy: understanding how another person can think and the consequences of actions on others • Peak susceptibility to peer pressure (declines after this age group)
Middle adolescence **Girls: 14-16** **Boys: 15-17**	• Peak sensation-seeking • Major opening to abstract thinking, (e.g., about social justice and gender equality) • Biological development is a key part of this age group. Self-image is affected.

* Materials being presented to this age group should be concrete and not abstract—examples are usually helpful.
Source: Breinbauer and Maddaleno, Youth: Choices & Change (PAHO 2005).

Understanding the changes that occur during puberty and when they happen for girls compared to boys has significant implications for programs, including what information is relevant at different stages of adolescence and what criteria should be used to define and segment audiences for programs. Most VYAs currently do NOT benefit from information and other services available in youth-serving programs. A recent review (Bruce and Chong) found that most youth-serving organizations reach more males than females, and clients of these programs tend to be older youth (often 20+) rather than those aged 10-14. The report also indicated that there is a dramatic decrease in sports participation between 11-12 and 13-14 year olds. In light of these findings, there is a need for more research on current programs coupled with formative research to inform the development or improvement of programs for VYAs.

Another important contextual factor is access to appropriate health services for VYAs. Too old to be captured by child health services such as immunization programs and not old enough to be experiencing pregnancy-related services, their health care needs are not well defined or well served. A small proportion of VYAs is sexually active and could benefit from pregnancy and AIDS prevention services, yet parents and other gatekeepers frequently control access to such services, or VYAs are too reluctant to admit to adults that they are sexually active. Data on health service utilization by young adolescents is sparse.

B. Defining Key Terms and Concepts

What does the key term 'VYA' and mean conceptually and programmatically? *Who are these people we call very young adolescents? Are we seeking biological universals? How do cultural and legal frameworks fit in? What are key aspects of successful curricula for this group?*

VYAs and the programs serving them cannot always be defined by biological age. While age is important, the cultural context—such as gender and other relevant norms, religion, geographical location and exposure to media—should also be taken into account. Participants agreed that curriculum-based programs should consider these multiple variables, not just age. Moreover, although the age group 10-14 is frequently used because of the common age quintiles used in the DHS, it is important to remember that people do not always operate according to the categories others put them in.   Younger adolescents tend to be more androgynous, but over time their male and female gender identities become more differentiated. A life cycle approach or use of developmental milestones may help in designing programs, allowing comparison of this age group to others and taking into account the changes that occur as those at younger ages transition to older ages. Such an approach would eliminate the need for age-based approaches, relying instead on the needs or life events of individuals, such as when a baby takes his first step or when a girl gets her first period.

Participants also discussed key aspects related to curriculum development for VYAs. For example, participants pointed out that ***pedagogy used in curriculum implementation is just as important as the curriculum itself*** and that school teachers and public health professionals should work together to place the content of a proposed intervention into an appropriate format to reach VYAs most effectively. Working with schools can also help integrate the curriculum into existing school programs for sustainability.

In order to ensure appropriate pedagogy and a successful intervention, the facilitator's confidence and comfort must also be addressed, as well as their understanding of the curriculum and of the varying characteristics and needs of boys and girls in this age group. ***Well-trained facilitators are an essential component of a successful intervention.*** Facilitators are often trained to deliver a specific package without basic knowledge of critical developmental needs of VYAs and without support for becoming comfortable with discussing sensitive topics with young people. This is an issue to address during program design.

Parent-child connectedness is an important factor for programs; it has been shown to have a positive impact on the health and social outcomes of children. Parents want to support their children during puberty and need information. In turn, many VYA girls and boys want to get such advice from their parents. Involving **parents should be considered when developing curricula for VYAs.** Parents' programs would be a valuable complement to VYA programs but few of these have been implemented to date.

Curricula should take into consideration the sexual and developmental stage differences between girls and boys aged 10-12 and between girls and boys aged 13-14. This does not necessarily mean separating participants by sex since mixed groups can learn from each other, although same-sex sessions might be useful for some topics. Including youth in the program design is a good way to ensure its appropriateness and effectiveness.

C. Key findings from the literature review of VYA programs

In order to benefit from past experience in this area, IRH sponsored a review of state-of-the-art SRH programs reaching VYAs and related research and evaluation practices. The document, "Advancing Promising Research/Evaluation Practices for Evidence-based Programs Reaching Very Young Adolescents: A Review of the Literature," identified only 18 programs with a specific focus on 10-14 year olds. It found that:

1) the majority of youth/adolescent SRH programs target the entire youth group of 10 to 18 or 24 year olds;
2) there is little or no tailoring of programs for VYAs;
3) there are a variety of program types including life skills, media-based and peer-led programs; and
4) HIV prevention programming predominates.

Of the 18 programs included in the in-depth review, about three-quarters incorporated gender, one-half of the programs integrated SRH information into life skills education and fewer than half discussed changes occurring during puberty. In addition, only a few included outreach to parents.

As a criterion for inclusion in the review, all 18 programs incorporated evaluation components. While impact measures were dependent on specific program objectives and context, in terms of evaluating how effectively these programs reached VYAs, half of the 18 programs measured standard knowledge, attitudes and behaviors related to SRH and HIV prevention themes; six measured gender attitudes and norms; four measured intentions as a proxy for behavior; and one measured sexual experiences over time.

The review identified several promising VYA program practices:

- Discuss puberty first.
- Focus on individual, inter-personal, community and policy levels.
- Tackle gender inequities.
- Identify age- and culturally-appropriate pathways for delivering information.

- Understand and program for the heterogeneity of VYAs.

- Explore the role of health services for VYAs.

- Explore the role of the physical environment, such as safety in schools and other institutions.

- Help build promising program practices by increasing attention to research, evaluation and dissemination of results.

2. Challenges in implementing curriculum-based programs for VYAs

A. Sharing several cutting-edge curricula for VYAs

The recently published two-volume 2009 UNESCO International Technical Guidance on Sexuality Education is meant to assist education, health and other authorities to develop and implement school-based sexuality education materials and programs. It contains age-specific guidance that allows easier integration of relevant information into formal school curricula for primary and secondary students. The guidance is based, in part, on a review of existing sexuality education materials and programs from 12 countries. The first volume focuses on the rationale for sexuality education and characteristics of effective programs, while the second volume covers topics and learning objectives for a basic minimum package on sexuality education for children ages 5-18. Because it is a UNESCO guidance document, government education officials now have a trusted resource for curriculum development in sexuality from the lead multi-national organization working in education. The document provides much-needed encouragement for schools to take on sexuality education as an important component of basic education preparing young people for adulthood.

Three curricula (*It's All One*; *Choices*; *My Changing Body 2nd Edition*) and one book (*Growth and Changes: Girls' Puberty Book*) were highlighted as having potential to be socially transformative. Details of these materials can be found in the literature review compiled for the meeting. The design and development of all four selections represented participatory efforts based in formative research. All engaged young people in experiential and activity-based discussions of issues that young people confront as they navigate puberty and created safe spaces for discussions between sexes. All explicitly integrated gender and sexuality into their content and used innovative approaches to operationalize concepts of these social constructs. The curricula required outside facilitation for implementation; only *Growth and Changes: Girls' Puberty Book* was a stand-alone reading activity. All had potential to be taken to scale.

- The just-published *It's All One* is intended for older adolescents and strives to allow adolescent girls and boys to make connections that exist between gender and culture, including human rights and gender equality.

- The pilot *Choices* curriculum, currently being evaluated in Nepal, does not talk about health but focuses instead on allowing very young adolescent boys and girls to understand how gender affects their daily lives and enlisting boys to take proactive, gender-equitable steps in their homes, such as carrying water for their sisters so that their sisters can study.

- *My Changing Body (2nd edition)*, currently under evaluation in Guatemala and Rwanda, is a participatory, fertility awareness and body literacy curriculum for VYA girls and boys. Fertility awareness is core to understanding our gendered, sexual selves. Body literacy enables young people to recognize how their sexual and reproductive selves are influenced by gender and social norms.

- *Growth and Changes: The Girls' Puberty Book* is not a curriculum but is a book written by and for VYA girls in Tanzania with guidance on early puberty and body changes, along with pragmatic advice on how to manage their menstruation in school. A complementary boys' puberty book is being planned.

B. Can curriculum-based programs be socially transformative?

Based on their experiences, participants discussed what works and does not work when developing and implementing programs for VYAs. The discussion is summarized in Box 1. They stressed two particularly important points that can increase the likelihood that programs will be socially transformative for VYAs:

Get community buy-in and involve VYAs and parents. VYAs, parents and community members should be involved in designing programs to increase their effectiveness and sustainability. It is also important to provide guidance for the parents of participating youth and other influential adults and to include them in sessions designed specifically for them. In this way, both young people and the important adults in their lives will understand the implications of current gender-related and sexuality attitudes and will consider making the same set of attitudinal changes. This kind of mutual reinforcement helps make programs socially transformative.

Ensure that facilitators are well-trained and comfortable with the material. Training should aim to close gaps in knowledge and explore attitudes that teachers or facilitators may have about puberty, sexual and reproductive health, gender, sexuality and other relevant topics. It should help facilitators practice participatory activities with VYAs and limit didactic methodologies. This is because experiential learning will be more transformative for VYAs. In-service or pre-service training for teachers using curriculum-based materials is recommended in order to improve the potential for scale-up and sustainability of VYA programming.

It is also important that training build the confidence and comfort of facilitators, including teachers (if used as facilitators), to deal with sensitive topics. At the same time, trainers must have realistic expectations of teacher-facilitators.

Box 1. Implementing Programs

What works

Appealing activities and structure
- Use of technology
- Fun activities and attractive materials
- Innovative participatory techniques
- Mix of activities with learning approaches
- Mixed groups and building group solidarity
- Creating a safe space. Not saying "No."
- Providing food or other incentives to participate

Strong and context-specific curricula
- Working with emotions
- Building adolescents' knowledge and skills
- A positive tone A holistic view of young persons
- Dealing with local specificities or norms

Well-trained facilitators
- Training facilitators on adolescent communication
- Training teachers on adolescent communication

Integration and sustainability
- Integrating curriculum modules into school programs or classes
- Making curriculum examinable, to be tested like other subjects in school settings

Involving others
- Involving youth in program design and planning
- Involving parents; giving parents guidance
- Getting support from the community

What does not work

Activities and structure
- Providing information without application
- Didactic teaching and too many sessions
- Categorizing by age

Curriculum content
- Overly explicit and complex material
- Not addressing gender and other obstacles

Facilitators
- Not training facilitators in participatory approaches
- Not helping facilitators be comfortable with teaching sensitive curriculum content

Are there viable ways to take different curricula to scale? Scale-up of a successful pilot program does not happen automatically but requires a series of planned stages. The foundation for scale-up is a field-tested and evaluated curriculum that demonstrates desirable results.

Basic stages of scalable programs

Pilot the curriculum and evaluate its effectiveness	Create awareness of the successful pilot curriculum	Build commitment among community and decision-makers	Coach facilitators and parents to reach VYAs through intervention	Implement and document the curriculum-based intervention	Evaluate implementation during scale up and ensure continuous improvements

Recommendations for scalable and sustainable programs:

- During the design phase, it is important to think ahead to where the program will "live" and if successfully implemented, how it might be sustained and expanded in the future (e.g., inclusion in national comprehensive sex education programs, adoption of the curriculum by the Ministry of Education, or use by a partnership of organizations that serve different areas or populations).

- Involve stakeholders and gatekeepers from the beginning, and develop consensus by involving youth in program design, collaborating with Parent-Teacher Associations, teachers' groups and other organizations.

- The core elements of any curriculum should be easy to identify.

- Use scale-up models, principles and strategies with government endorsement.

- Gather evidence of success from carefully designed program evaluations and use this evidence to advocate for scale-up.

- Consider incentives to support systems change (e.g., training or materials).

- To support the curriculum's aim of changing gender norms, focus efforts on community institutions such as churches, schools and pre-service institutions to build understanding that the VYA period is a time of gender formation. Engage people in such institutions in reflection on their own gender and youth attitudes.

3. Complementary interventions to create enabling environments: Involving parents and other important adults

A. Programs helping parents and other adults support VYAs who are experiencing puberty

In considering how to design programs for parents of VYAs, one must first consider parenting styles and ways that parents influence adolescent health. This includes the type of parent-child relationship (e.g. connectedness, love, expectation of child labor), how parents control a child's behavior, whether parents show respect for the child's increasing autonomy, how parents model appropriate behaviors, and how they provide for and protect the child. What constitutes good parenting is culturally defined and a function of available resources and folk theories or customary practices believed to lead to good child and adolescent behaviors. Research indicates the following links between parenting and good health in young people:

- An adolescent who feels loved and accepted by his or her parents is less likely to engage in risky behaviors.

- Children whose parents establish reasonable rules, consequences and expectations and who monitor their child's behavior are less likely to engage in risky behaviors.

- Physical punishment is culturally defined, but across countries, high levels of punishment lead to more aggressive tendencies and anxiety in children and adolescents.

- Strong parent-child communication has shown mixed results in reducing sexually risky behaviors. This is puzzling because it is intuitive that good communication is important in all relationships. Mixed results may be related to the complexity of measuring the quality of parent-child communication. Some measurements may not take into account the timing and content of discussions, the developmental stage of the adolescent, differences between parents and children in rating their communication as positive or negative and other relevant factors.

A 2005 WHO review of programs reaching parents identified 34 interventions that focused on parents (28 out of 34 addressed sexual and reproductive health). Parents were reached using a broad range of channels, including classes, workshops, support groups, home visits, parent-child clubs and mass media campaigns. To reach parents, it is important to tap into local organizations and networks and to motivate their participation by offering a balance of information, skills, support and materials—plus incentives such as refreshments.

Challenges in designing curricula for parents and recruiting parents to participate in programs include:

- **Recruiting parents -** Getting parents (especially fathers) to attend sessions is challenging under normal circumstances, given their many other responsibilities.

- **Poverty, famine, war -** It is even more difficult to gather parents together for skill-building when they are focusing on basic survival.
- **Designing curricula** - Existing curricula often do not fit a given population and culture.
- **Cultural expectations** - Gender and social norms often dictate what topics should be discussed with adolescents and who should be discussing them—programs must be respectful if trying to change those norms.
- **Sustainability of parenting programs and taking programs to scale** - Most funding patterns encourage short-term outcomes and do not build in plans to keep programs going or to expand them to other areas.

Other important issues include improving parent-child communication about puberty and sexuality and ways of engaging fathers in this kind of discussion. VYA programs should try to help parents gain not only knowledge about sexual and reproductive health but the skills to talk to their children about them, especially since the VYA program may lead youth to ask questions of their parents about what they are learning. However, there are challenges in working with parents in complementary interventions with VYAs. For example, within the cultural context, fathers may not feel that it is their responsibility to be involved in such activities. Curricula design for parents must address the cultural context, as cultural aspects of sexuality and gender vary greatly by community. In certain areas, especially parts of Africa where HIV/AIDS or civil conflict are prevalent, biological parents may not be the caretakers; grandparents or others may take care of the children. Regardless, the involvement of parents or guardians is an essential component of interventions with VYAs.

B. Issues in reaching adults via curriculum-based programs for VYAs

Important concepts and ideas for future interventions, based on experiences working with parents, include:

- Parent-child connectedness is essential. If it does not exist, it is difficult to develop trust and communication about sensitive issues. Parents need to know that a close and positive parent-child relationship will help their children avoid risky behavior.

- Parents need to know and also feel that their behaviors matter and that they can make a difference in the lives of their children. There is an "emotion-based" approach for reaching parents. Parents want to be the best parent they can be, and this desire can help them see the importance of participating in programs for their children.

- Parental perceptions of how to protect their children are rooted in cultural norms and expectations; therefore, letting them know about research related to keeping their children safe and healthy will likely interest them and could improve their parenting style. For parents, outcome is crucial.

- Engaging parents in reflection on how they themselves were parented can help them understand that some past practices were not helpful to them when they went through puberty. This allows parents to consider changes in their present parenting practices.

- Involving fathers and other males is important but can be difficult. Women are usually the ones who give advice to their children. They tend to be better communicators and are often culturally assigned the responsibility for giving advice. Fathers are rarely accorded this role.   However, there may be ways to build on traditional fathering practices. Although fathers may not provide verbal advice, they do connect with youth through physical activities such as sports, taking their children out for a ride or teaching them how to do something. These activities could provide an opportunity for discussion.

- Most parents genuinely believe they are protecting their children, even when promoting behaviors others may see as dangerous, such as early marriage and female genital cutting. Therefore, parents need to understand the long-term impact of their decisions for their children and receive support for changing harmful traditions.

- Economic obstacles are also common and should be addressed. In some countries, dowry customs and economic hardship may influence parents' decisions about their children such as early marriage for daughters. It is essential, therefore, to recognize what influences parents' actions.

- Faith-based organizations have the opportunity to reach parents. Many of their programs have "coming of age" activities with VYAs and could organize or integrate other activities that deal with gender and SRH. Religious organizations could also participate in advisory boards for youth programs.

- In a rapidly changing world, many parents do not feel in control of their children. There is a need for research on how to help them. Researchers and programmers could design programs that will help them learn about the child through the parents' eyes and address their concerns accordingly.

4. Challenges in measuring outcomes of curriculum-based VYA programs

A. Overview and examples of cutting-edge evaluation methodologies

In addition to young adolescents' developmental stage, researchers must keep in mind that there are ethical and community concerns to consider when designing data collection methods.

Children require special protections in research. Published guidelines exist on conducting ethical research with children. Key points include:

- Make sure that information to be gathered from children is necessary and justified.

- Design activities to ensure valid information from children.

- Consult with community groups about the evaluation research, why it is needed and how the information will be used. Citizen committees are sometimes established to ensure good communication between researchers and the community.

- Anticipate adverse consequences and build in protections of the child from the beginning. If abuse is suspected during a research activity, be ready to respond immediately to protect the child. Obtain consent and conduct interviews with sensitivity to young adolescents' special needs and with their best interests in mind. Parents of children involved in evaluation research must give consent as well as their children.

- Confirm that all stakeholders understand evaluation activity limits and next steps.

The rapidly changing biological, cognitive, sexual and social context of the VYA years creates challenges for research and program evaluation. Cognitive changes, in particular, have important implications for evaluation research. For example, children 8-11 years old are beginning to distinguish points of view, their own versus others', an important consideration in research design and instrument development. Standard data collection, (e.g., using surveys and Likert rating scales that work well for 15-19 year old adolescents) may not work well with VYAs. Generally, research methods advantage adults more than children in terms of social or communication skills or knowledge. Working with VYAs requires methods that shift the balance of power to VYAs in terms of communication, and this often means using participatory methods that are more visual than verbal. Researchers are adapting and testing participatory methodologies drawn from other disciplines such as child psychology and sociology. Several games-based methodologies allow quantitative and qualitative data collection for program evaluation.   Eventually, it would be valuable to have standardized approaches and methodologies for data collection for VYA programs.

One important and evolving evaluation issue is how best to measure gender norm shifts in VYAs. How can we operationalize concepts such as gender attitudes and norms? How reliable and valid are our results?   Scales do exist that might be adaptable for use with VYAs, such as Attitudes Toward Women Scale (Spencer and Helreich), Gender-Equitable Men Scale (Pulerwitz), Male Role Attitude Scale (Plech, Sonenstien, and Sku), and Sexual Relationship Power Scale (Pulerwitz, Gortmaker, and DeJong).

Challenges arise when considering adaptation of evaluation tools such as the Gender-Equitable Men Scale for VYA boys. Those familiar with Likert scales question how well VYAs, at their stage of cognitive development, can reflect on questions using gradation of response categories such as "strongly agree," "somewhat agree" or "strongly disagree." In addition to this issue scales must use age-appropriate language by making short positive statements and not asking VYA to say if they agree or disagree with a negative statement. There is a great need for further development and testing of gender-equity scales for very young adolescent boys and girls.

IRH and partners have designed and field-tested a games-based set of tools.   Card games, pile sorts, open-ended story lines and other games are used to assess changes in knowledge as well as gender-related and other attitudes. These activity-based tools allow easy quantification of responses. Other participatory activities are adapted from game therapy and participatory learning and action exercises. Projective drawing, photo-taking and explaining the photos (Photo-voice), and creation of collages are additional open-ended

activities that encourage discussion. For example, VYAs take photos of what life is like for girls and boys in their community and discuss what their photos mean; the discussions and photos can be analyzed qualitatively.

Games and participatory activities improve the interaction between the evaluator and respondent by minimizing the test-taking nature of interviews and by moving the focus of discussions to the game or activity, away from the evaluator.

Use of a prospective cohort design that follows VYAs would provide needed information about the impact of interventions for this age group that cannot be obtained from short-term evaluation studies.

B. Selecting indicators

There are no standardized program outcomes for VYA programs. Outcomes are based on the program's objectives—the results that program designers and implementers hope to achieve as a result of VYAs' participation in the program. Since programs vary, so will objectives and outcome measures. However, based on the VYA literature review and other documents, the following outcome areas are deemed important to include in VYA programs and in program evaluation:

- Agency (self-efficacy)
- Fertility awareness and body literacy
- Gender attitudes and roles
- Gender-based violence (GBV)
- Sexual behavior
- Pregnancy and HIV/STI prevention
- Contextual factors that influence VYA health outcomes, such as parents, peers and the media

Table 2 lists illustrative variables for VYA programs to consider at individual VYA level and ecological (the VYA's various social environments) levels.

Table 2. Potential Program Outcome Areas

Potential VYA Program Outcome Areas		
Individual Level Outcomes for Very Young Adolescents		
Knowledge	**Attitudes**	**Skills**
• Puberty • Identifying hopes and dreams • Peer pressure • Fertility awareness (menstruation, ejaculation, related issues) • Pregnancy prevention and family planning • HIV/AIDS and STI prevention • Gender-based violence • Sexual responsibility • Masturbation, sexual pleasure • General health education • Substance abuse • Where to access health services and products needed • Bodily rights, human rights and laws that protect them; meaning of consensual relationships • Early marriage	• Positive attitudes towards changes in the body; acceptance of changes • Comfort talking about puberty and sex • Realization that everyone deserves respect • Gender-equitable beliefs and attitudes • Self-efficacy • Believing that anyone can achieve her or his dreams • Positive attitudes towards sexuality, pleasure, and the body • Understanding that they can help others achieve their goals • Understanding that they can make a difference	• Self care with regard to menstruation (using clean cloths, washing hands) • Knowing where VYAs can get support • Correct condom use • Gender-equitable behaviors (eg, male participation in household chores) • Identifying, questioning, redefining gender norms • Recognizing gender injustice • Knowing how gender norms are associated with violence and poor health • Resisting peer pressure • Able to express feelings and concerns, and to ask questions (eg, intergenerational dialogue) • Negotiation and refusal • Seeking help and self-advocacy • Defining what is fair and unfair • Planning their goals to achieve dreams • Identifying, defending, and expressing values • Media literacy • Leadership skills (speaking up in class, conveying knowledge, organizing groups, being a champion)

Ecological Outcome Areas			
Family	**Caring adults**	**School**	**Social Norms**
• Sending girls to school • Gender equity in domestic chores • Gender equity in food distribution • Family violence • Talking to parents about sex • Pressure to contribute to family income, present and future	• Connectedness and love • Behavior control • Respect for individuality • Modeling behavior • Provision and protection	• Teachers and mentors as supportive adults; number of female teachers • Social isolation vs. peer support • Being treated fairly • Number of female teachers • Girls-only bathrooms • Access to school counselor, nurse • Having sports teams for girls • Acceptability of youth leadership • Perception of school as a safe space	• Gender equitable norms: reproductive, productive, domestic, sexual and GBV-related • Adult attitudes towards intergenerational sex and violence against children
Social Networks	**Political/legal Environment**	**Community**	**Media**
• Feeling included • Peer behavior • Prejudice • Positive peer models	• Age of consent • Age of marriage • Enforcement and prosecution rates and system	• Availability of health services • Number of safe spaces for in the community • Community unemployment • Safe migration, safe mobility	• Positive and negative male and female images and stories • Media focused on VYAs

5. Advancing the state of evidence-based VYA programs that include curriculum-based interventions

A. Advancing VYA programs and related research and evaluation

Key questions remain in terms of advancing VYA programs and research/evaluation:

- What meanings and rights, traditions and taboos, rituals and celebrations exist around puberty and menstruation?

- What people in the child's environment influence his or her decisions and experiences?

- What is the physical environment that VYAs experience in education and other institutional settings? What beliefs and behaviors are seen in such settings?

- What are girls' perspectives? What are boys' perspectives? What are the perspectives of slightly older adolescents?

- Why are we *not* working more with boys to encourage them to interact in more gender-equitable ways with girls?

- Why not focus on multiple sectors (beyond the health and education) to reach VYAs?

The meeting highlighted many of the intersecting issues of VYA programs and can help encourage multi-organization collaboration to move forward the VYA agenda.

There have been a variety of international initiatives to empower girls as a strategic population to achieve gender equality and poverty alleviation. The rationale of such initiatives is that gendered attitudes and practices are negatively impacting girls in the older adolescent groups--the data show gaps in terms of reproductive health, HIV/AIDS, child marriage, and child labor. If we work with very young adolescent girls, we would close the gender gap. However, we also have to start working with boys, right from the start. We do not want to be empowering girls at the expense of boys.

We need to promote the fact that the VYA age group is different and show the importance of investing in them. We need evidence to support a focus on this age group, including evidence about the importance of this age and developmental stage for later adolescence and adulthood. We need to gather evidence that gender gaps are not as large for younger adolescent girls and boys compared to older adolescent girls and boys.

We need program models and evidence to learn effective ways to achieve this objective. Curriculum-based activities could be a component of comprehensive programs that take an ecological approach and address individual and environmental factors. There is evidence that comprehensive girls' sexual education empowers girls, yet this type of programming is mostly public health-focused, often to the exclusion of a gender focus, and we need to move models beyond traditional sex education programs. As we design program evaluations, one of the measures should be longitudinal to evaluate if we are empowering girls at the expense of boys. We need to sell the idea of comprehensive program models to funders and policy makers, and move beyond short-term experimental models.

We all want to empower young adolescents toward healthy and powerful behavior. We are agreeing at this meeting that gender is a gateway factor, and research is needed to look into the assumption that if we change gender behavior, we will change other behaviors too.

B. How can we broaden the audience and organizations involved in programs reaching VYAs and adults who can help them?

There is much sectoral overlap when we start looking at social costs and risk behaviors related to VYAs. The VYA work needs to go beyond safe sex and preventive health interventions. Mental health, social work, and education disciplines need to be involved alongside public health. The importance of social ecological factors is underscored, e.g., influencing schools to make their campuses physically safer places for VYAs and working with donors and policymakers who can positively influence the school system that houses VYAs for much of their time. We need to learn how to harness the media in positive ways. Business and private sectors can also be involved—VYAs are their future consumers and workers. Existing and still under-used technologies could be used as an entry point into VYA worlds, and mobile phones may be among the most effective information channels.

C. Conclusion

Reproductive health is not a main concern of very young people, and therefore narrowly designed programs are likely to be less effective than more holistic ones. We can achieve more if we link with other sectors to identify gaps in existing programs, design a variety of appropriate interventions, and advocate for changes to existing adolescent and VYA programs with donors and policymakers.

Curriculum-based programs are a piece of a larger set of activities that should be used in VYA programs. Curriculum-based programs are particularly important because they have the potential and capacity to be taken to scale. Many organizations have important roles to play in advancing development of effective VYA curriculum-based programs. These programs can be gender-transformative and lay positive foundations for young people's future. There is growing interest in identifying both gaps and opportunities to advance VYA research, programming and program evaluation. There is also a convergence of interest in a set of standard objectives and outcome measures.

Evidence of what works and does not work could provide a stronger basis for future program designs used by donors. Both short-term and long-term research and evaluation efforts are needed. Shorter-term funding could support evaluation of interventions designed to address already identified gaps in good VYA program practice. At the same time, while curriculum-based activities will result in immediate knowledge and attitude changes in participating VYAs, some longer-term effects of shifts in gender norms as well as sexual and reproductive health outcomes will only be visible when VYAs get older. It is, therefore, important to fund longer-term research that allows assessing such changes over time. In sum, evidence of the importance of investing in VYA programs will be a springboard to the improvement and expansion of such programs.

Appendix A. Program Agenda

**Advancing Program and Research/Evaluation Practices
for Curriculum-based Programs Reaching Very Young Adolescents (VYAs)
June 10th-11th, 2010**
Technical Consultation hosted by the Institute for Reproductive Health, Georgetown University
Location: Pathfinder International Office, 1201 Connecticut Avenue Northwest, Suite 700, Washington, DC

OBJECTIVES:
1. Share and analyze evolving and promising program practices for developing, and implementing (including taking to scale) developmentally-appropriate, curriculum-based interventions/programs for VYAs.
2. Review indicators and methods used to evaluate curriculum-based programs for very young girls and boys.
3. Define key "next steps" for increasing evidence and promoting scalable VYA programs that make a difference in young people's lives.

Thursday, June 10	
8:30 - 9:00 am	**Coffee and Registration**
9:00 -9:30 am	**Welcoming remarks** ❖ *Victoria Jennings, Institute for Reproductive Health, Georgetown University (IRH/GU)* **Overview of meeting objectives, process, and logistics** ❖ *Aliou Boly, Meeting Moderator, and Dina Abi-Rached, IRH/GU*
9:30 -10:45 am	**SESSION 1: Setting the Stage** **PRESENTATIONS: Contextualizing the world of very young adolescents** *Moderator: Aliou Boly* ❖ *Martha Brady, Population Council* ❖ *Ruth Dixon-Mueller, WHO consultant-representative* **DISCUSSION 1: Defining key terms and concepts** *Moderator: Margaret Greene* On what bases can and should one define the group "VYAs"? When we talk about VYAs and sexual and reproductive health, what do we *really* mean? What are characteristics and attributes of curriculum-based programs? How do they differ from other programs reaching VYAs?
10:45 -11:00 am	BREAK
11:00-11:30 am	**PRESENTATION: What is out there? Key findings from the literature review of programs with health aims reaching VYAs** ❖ *Louise Palmer, Consultant*
11:30am - 1:15pm	**SESSION 2: Challenges in implementing curriculum based programs for VYAs** **PRESENTATIONS: Sharing several cutting-edge curricula and guidelines** *Moderator: Cate Lane, Pathfinder International/ESD Project* ❖ UNESCO "International Technical Guidance on Sexuality Education": *Nicole Haberland, Population Council* ❖ "It's All One" curriculum: *Kelly Castagnaro, International Women's Health Coalition* ❖ "Choices" curriculum: *Brad Kerner, Save the Children USA* ❖ "My Changing Body" curriculum*: Susan Igras, IRH/GU* ❖ "Growth and Changes" Girls Puberty Book*, Marni Sommer, Columbia University*

	DISCUSSION 2.1: How can curriculum-based programs be socially transformative (or not)? *Moderator: Aliou Boly* Compared to the recent UNESCO guidelines on sexuality education, what are the gaps in current VYA programs that have curriculum-based components? To what extent can curriculum-based programs for VYAs affect later life stages around gender, social norms, power shifts and individual agency and self-efficacy? What are characteristics of programs that strive for such changes?
1:15-2:15pm	LUNCH BREAK
2:15 -3:30pm	**DISCUSSION 2.2: Implementation challenges of curriculum-based programs** *Moderator: Aliou Boly* What has not worked in implementing curriculum-based programs? What are challenges and issues in implementation? How can quality of inputs be assured? What particular implementation challenges exist when using different platforms, such as school, community, and other platforms? Are there viable ways to consider taking different curricula to scale? What are qualities of curriculum-based programs that can be taken to scale? How can challenges and issues be addressed within programs?
3:30-3:45pm	BREAK
3:45 – 5:00pm	**SESSION 3: Complementary interventions to create enabling environments – Involving parents and other important adults** **PRESENTATION: Characteristics of programs reaching parents and other adults in supporting VYAs navigating puberty** ❖ *Kristin Mmari, JHU/Bloomberg School of Public Health* **DISCUSSION 3: Issues in reaching adults via curriculum-based programs for VYAs** *Moderator: Aliou Boly* While evidence shows that parents are not good communicators with their children on puberty changes, many parents believe they have responsibilities to guide their children and many VYAs want to talk with their parents and other important adults. How can programs reach parents and maximize their contribution? How do gender and other defined social roles define what can be done? What are the challenges and how have programs addressed such challenges? Lessons learned.
Friday, June 11	
9:00-9:30am	**Recap of Thursday's Discussions** *Moderator: Aliou Boly*
9:30-10:30 am	**SESSION 4: Challenges in measuring outcomes of curriculum-based programs** *Moderator: Rebecka Lundgren (Some key issues to consider in evaluating VYA programs)* **PRESENTATIONS: Overview and examples of cutting-edge methodologies and outcome measures used in evaluating VYA Projects** ❖ "My Changing Body": *Rebecka Lundgren, IRH/GU* ❖ GEM Scale for VYAs: *Doris Bartel, CARE-USA*
10:30 -11:00am	BREAK
11:00am-12:30pm	**DISCUSSION 4: Selecting indicators and choosing feasible, appropriate methods to evaluate VYA programs** *Moderator: Aliou Boly* Which outcomes are important to measure for VYA focused, curriculum-based programs, given the developmental stage of adolescents at these ages? Is it feasible to

	use evaluation methodologies to get at difficult-to-measure outcomes such as improved gender and sexuality awareness/attitudes, and increased agency and self-efficacy among girls and boys? What are methodological issues that can be easily addressed/ less easily addressed? How have they been addressed or could they be addressed?
12:30 -1:30pm	LUNCH
1:30-3:00pm	**SESSION 5: Closing reflections on advancing the state of evidence-based VYA programs that include curriculum-based interventions** *Moderator: Ruth Dixon-Mueller, WHO consultant-representative* **DISCUSSION PANEL: Thoughts on advancing VYA programs and related research/evaluation** ❖ *Marni Sommer, Columbia University* ❖ *Trisha Wood, Bill & Melinda Gates Foundation* ❖ *Mima Perisic, UNICEF* **DISCUSSION 5:** How can our community broaden the audience and organizations involved in programs reaching VYAs and their adults? What should be priority directions for curriculum-based programs reaching VYAs? How can we further program evaluation to include new measures and methods appropriate to this age group? **CLOSING DISCUSSION/NEXT STEPS**

Appendix C: Selected resources referenced during the consultation

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YUE, Kang	CEDPA	kyue@cedpa.org

Appendix C: Selected resources referenced during the consultation

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